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ISSUE DATE

APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART. UNIT	EXAMINER
		214		16 2 5	

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NOTICE OF ALLOWANCE MAILED		CLAIMS ALLOWED	
Assistant Examiner		Total Claims	Print Claim for 0.0
ISSUE FEE		DRAWING	
Amount Due	Date Paid	Sheet Drwg.	Fig. Drwg.
Primary Examiner		Print Fig.	
PREPARED FOR ISSUE		Application Examiner	
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